PATENT

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being facsimile transmitted to:

CASE #F3312(C) UNUS #02-0310-UNI

"Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450"

on June 13,2005

Gerard J. McGowan, Jr.

June 13, 2005 Date of Signature

Attorney of Record Reg. No. 29,412

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Panaioli et al.

Serial No.: Filed:

10/616,144 July 8, 2003

For:

Frozen Layered Pasta Product

Group:

1761

Examiner:

Maureen C. Donovan

Englewood Cliffs, New Jersey 07632

PETITION FOR EXTENSION OF TIME TO FILE A RESPONSE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Applicants petition the Commissioner for Patents to extend the time to file a Response for two months from April 12, 2005 to June 12 2005.

Please charge Deposit Account No. 12-1155 in the amount of \$450.00 to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to this deposit account. This request is being submitted in triplicate.

06/14/2005 CCHAU1

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450.00 DA

Gerard J. McGowan, Jr.

ctfully submitted,

Attorney for Applicant Registration No. 29,412

GJM/pod (201) 894-2297

CERTIFICATE OF FACSIMILE

I hereby cortify that this correspondence is being facsimile transmitted to:

> *Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450"

GERARD J. MCGOWAN Reg. No. 29,412

Attorney for Applicant(s)

UNITED STATES DEPT. OF COMMERCE Patent and Trademark Office

COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

In re application of:

Panaioli et al.

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Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application. No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED

	(2) * Claims Remaining After Amendment		(4)** Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims		Minus			\$ 50.00	
Independent Claims		Mimis			\$ 200.00	
Multiple Claims					\$ 360.00	
TOTAL ADDITIONAL	FEE FOR THIS AMENDM	ENT			S	

^{*}If the entry in Column (2) is less than the entry in Column (4), write "0" in Column (5).

_ to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.

The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit account No. 12-1155, Including all required fees under

[X] 37 C.F.R. ∋ 1.16;

[X] 37 C.F.R. ≥ 1.17;

[X] 37 C.F.R. 3 1.18.

Triplicate copies of this letter are enclosed.

GJM/pod (201) 894-2297

Gerard J. McGowan Attorney of Record Reg. #29,412

^{**}If the "Highest No. Previously Paid For" is less than "20," write "20" in this space.